

Please type a plus sign (+) inside this box ☒

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <small>(only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>IFF-25-1</b>  First Named Inventor or Application Identifier <b>LINDA J. FLAMMER</b>  Express Mail Label No. <b>EK050893558US</b>
<b>APPLICATION ELEMENTS</b>  <small>See MPEP Chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (attached hereto in duplicate) 2. <input checked="" type="checkbox"/> Specification [Total Pages 27] (Preferred arrangement set forth below) - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets ] 4. Oath or Declaration a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Unexecuted original c. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional check boxes 5 and 16) i. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Incorporation by Reference (useable if Box 4c is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4c, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies  <b>ACCOMPANYING APPLICATION PARTS</b> 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (Should be specifically itemized) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)  15. <input type="checkbox"/> Other:
16. <input checked="" type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Amend the specification by inserting before the first line: -- This is a <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: 10/067,596, filed February 5, 2002. -- 17. For this divisional application, please cancel original Claims of the prior application before calculating the filing fee.		
18. CORRESPONDENCE ADDRESS		
<input type="checkbox"/> Customer Number or Bar Code Label or <input checked="" type="checkbox"/> Correspondence Address below		
Name: Joseph F. Leightner, Esq. Address: INTERNATIONAL FLAVORS & FRAGRANCES INC. 521 West 57 <sup>th</sup> Street New York, New York 10019		
19. TELEPHONE CONTACT		
Please direct all telephone calls or telefaxes to Joseph F. Leightner at: Telephone: (212) 708-7103 Fax: (212) 708-7253		
19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED		
NAME	JOSEPH F. LEIGHTNER Reg. No. 34,209	
SIGNATURE		
DATE	8/19/03	

<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	N/A
	Filing Date	N/A
	First Named Inventor	LINDA J. FLAMMER
	Group Art Unit	N/A
	Examiner Name	N/A
	Attorney Docket Number	IFF-25-1


## FEE CALCULATION

### CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$750.00
TOTAL CLAIMS	26 - 20 =	6	x 18.00	\$108.00
INDEPENDENT CLAIMS	3 - 3 =	0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			<b>TOTAL FEES</b>	<b>\$858.00</b>

## METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 12-1295 in the amount of \$858.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 12-1295. Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	JOSEPH F. LEIGHTNER	Reg. No. 34,209
Signature		Date: 8/19/03
		<b>Deposit Account No. 12-1295</b>

DOCKET NO. IFF-25-1

IN THE UNITED PATENT AND TRADEMARK OFFICE

Applicant: LINDA J. FLAMMER, et al.

For: "ANTI-DANDRUFF AND ANTI-ITCH COMPOSITIONS CONTAINING SENSATE  
AND SENSATE ENHANCER-CONTAINING COMPOUNDS"

**EXPRESS MAIL CERTIFICATE**

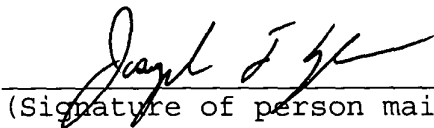
"Express Mail" mailing number: EK050893558US

Date of Deposit: August 19, 2003

I hereby certify that this complete application, including twenty-seven (27) specification pages, twenty-six (26) claims, unexecuted Declaration and Power of Attorney, Information Disclosure Statement, Form PTO-1449 and three (3) references is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

JOSEPH F. LEIGHTNER

(Typed or printed name of person mailing paper or fee)



(Signature of person mailing paper or fee)